

CALIFORNIA DEPARTMENT OF EDUCATION
PART B: 1999-00 FISCAL INFORMATION
DUE: November 30, 2000

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County: _____ District: _____

Contact Person: _____ Telephone: (____) _____

Fax: (____) _____ e-mail: _____

Calculation for Reimbursement of Opportunity Programs and Classes
(Grades 7-9 – Education Code sections 48630-48644.5)

A. 1982-83 ADA (P-2) for Grades 7-9, inclusive, in Opportunity **Classes**

B. 1982-83 Hours (P-2) for Grades 7-9, inclusive, in Opportunity **Programs**

C. 1982-83 Opportunity **Programs** ADA (Line B divided by 405)

D. Total 1982-83 Opportunity **Programs and Classes** ADA (Line A plus Line C)

E. 1999-00 Actual ADA (P-2) for Grades 7-9, inclusive, in Opportunity **Classes**
Note: Amount of ADA may not exceed amount reported on form J18/19

F. 1999-00 Actual Hours (P-2) for Grades 7-9, inclusive, in Opportunity **Programs**

G. 1999-00 Actual Opportunity **Programs** ADA (Line F divided by 405)

H. 1999-00 Actual Opportunity **Programs and Classes** ADA (Line E plus Line G; rounded to two decimal places)

I. Additional ADA generated beyond 1982-83 (Line H minus Line D)

J. Actual Cost of Opportunity **Programs and Classes** related to the ADA in Line H

1. 1999-00 Base Revenue Limit (Form K-12 (P-2) Line B, EDP 024)

2. 1999-00 Base Revenue Limit times Line H (Rounded to a whole number)

3. Deficit Factor (Form K-12 (P-2), Line E-15, EDP 086)

4. Adjusted Revenue for Opportunity **Programs and Classes**
 (Line J-2 times Line J-3; rounded to a whole number)

	Whole numbers only where decimal or \$ is not provided
(A)	.
(B)	
(C)	.
(D)	.
(E)	.
(F)	
(G)	.
(H)	.
(I)	.
(J)	\$
(J-1)	\$
(J-2)	\$
(J-3)	0.93004
(J-4)	\$

J. (cont.)

5. Total excess costs for Grades 7-9, inclusive in Opportunity **Programs and Classes** (Line J minus Line J-4; if less than "0", enter "0")

J-5

Whole numbers
only where decimal
or \$ is not provided

\$

6. Total excess cost per ADA (Line J-5 divided by Line H;
rounded to two decimals)

J-6

\$

7. Maximum amount per ADA to be paid for excess costs

J-7

\$ 488.00

K. Total 1999-00 calculated amount of reimbursement to be received by
district (Line I times the lesser of Line J-6 or Line J-7; rounded to a
whole number)

(K)

\$

CERTIFICATION

I certify that the Opportunity Programs and Classes identified above have been maintained in accordance with all provisions of the *Education Code*. I have read the requirements for the establishment and maintenance of Opportunity Programs and Classes and have specifically noted the provisions outlined in subdivisions (a) and (b) of *Education Code* sections 48630-48641 and sections 48643-48644.

Signed: _____ Date: _____
Superintendent/Designee (Title)

Please return forms not later than November 30, 2000 to:

**California Department of Education
School Fiscal Services Division
P.O. Box 944272
Sacramento, CA 94244-2720
Attn: Halena Le
Phone: (916) 324-4535
Fax: (916) 323-0196**

<p>FORMS RECEIVED AFTER NOVEMBER 30, 2000 WILL NOT BE PROCESSED UNTIL THE NEXT APPROPRIATEMENT.</p>
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